sarcoma, and melanosarcoma. Those of metastatic origin are, as a rule, bilateral, but seldom (in 29.6 per cent. of cases which the author collected from literature) are primary sarcomas bilateral. The spindle-cell variety grows slowly and shows but little tendency to metastasis, even when of considerable size. The round-cell variety exhibits a rapid growth and gives early metastasis. The clinical symptoms are those found in other ovarian tumors. In 60 to 70 per cent. ascites is present. Ovarian sarcoma in very young children is at times accompanied by development of the breasts, with growth of hair on the pubes, and the occurrence of genital bleeding. Various complications are frequent, especially adhesions to neighboring viscera.

OPHTHALMOLOGY.

UNDER THE CHARGE OF

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AND

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PROFESSOR OF DISEASES OF THE EYE IN THE PHILADELPHIA POLYCLINIC.

After-results of Magnet Attractions.—Based upon 18 cases reported before the American Ophthalmological Society, Bull (*Ophth. Record,* July, 1910, 372) concludes that when the wound of entrance is in the anterior segment of the eye, and the foreign body has been located in the vitreous or fundus, the attempt should not be made to extract through the entrance wound, but through an incision near the foreign body. If infection has already developed, the eye should be inoculated immediately, as should also be done if attempted extraction has failed. While the prognosis is unfavorable, it is better when the foreign body is lodged in the vitreous than when it is located in the retina, choroid, or ciliary body. As the danger of sympathetic inflammation is ever present, enucleation will be necesary in many cases when useful vision is lost even if the foreign body has been successfully extracted.

Scopolamin-Morphine Narcosis.—Kummel (*Klin. Monatsh. f. Augenh.,* April, 1910, 472) has experimented with scopolamin-morphine narcosis in ophthalmic surgery in 50 cases. An injection of 0.6 mg. in men and 0.5 mg. in women was administered two hours before operation. Morphine 0.01 gram was injected at the same time. If the first injection was inadequate, a second 0.3 to 0.6 gram was administered one hour later. The effect was usually satisfactory at the expiration of two hours from the first injection, and a third was rarely needed. Local anesthesia was also employed in most of the cases. Of the fifty cases so treated, the results were good in 46 per cent., satisfactory in 24 per cent., and failures in 30 per cent., but even in the latter the treatment was useful in that a much smaller quantity of the inhalation anesthetic was subsequently necessary than would have been required without such preparation.

Treatment of Sympathetic Ophthalmia by Large Doses by Sodium Salicylate or Aspirin.—GIFFORD (*Klin. Monatsh. f. Augenh.*, May-June, 1910, 588) insists that the surgeon who fails to give a patient suffering from sympathetic ophthalmia the benefit of large doses of sodium salicylate has not given him the best chance of recovering from his dangerous affection. Of 16 cases so treated by himself, he reports 12 excellent results, 1 satisfactory, 1 moderate, and 2 failures, in which latter, however, the treatment was begun too late in one case, and not well borne in the other.

Extraction in the Capsule.—Apropos of the Smith operation, NICATI (*Annal. d'oculist.*, June, 1910, 495) recalls a proposal by E. Martin more than twenty years ago for extracting the lens within the capsule, suggested by the instances occasionally observed of extrusion in the capsule through a rupture of the sclera by a cow's horn. The important factor in the operation is the use of a blunt point (in the Smith operation, the point of a strabismus hook) instead of the flat spatula or scoop. The spatula depresses the equator of the crystalline but slightly; with the blunt point much more extensive depression is possible, while the resisting equator of the lens is strongly carried backward so as to rupture the attachments with the hyaloid at the posterior pole. This is the essential part of the procedure.

Tuberculosis of the Lacrymal Sac.—FAGE (*Archiv. d'ophthalmol.*, June, 1910, 352) remarks upon the liability to mistake in recognizing tuberculous dacryocystitis when the latter is not secondary to manifest tuberculous lesions of neighboring structures, like the conjunctiva, or lids, lupus, or in the absence of visceral lesions of a tuberculous character. Morax has shown that tuberculous dacryocystitis is quite frequently an extension of concealed tuberculosis of the pituitary membrane, so that the nasal cavity should always be examined in suspected cases. Unilateral adenopathy of the neighboring glands is an important symptom when it occurs. Fage distinguishes three forms: (1) That in which the deposit is round about but outside of the sac; (2) that in which there is localization within the sac; and (3) that in which subjacent osseous lesions are also present. As an important prophylaxis the nasal mucous membrane should always be systematically disinfected when lupus invasion of that membrane has occurred.

Etiology of Strabismus.—AUBINEAU (*Ann. d'ocul.*, February, 1910, 107) has made a study of 745 cases of strabismus—652 convergent and 93 divergent. Of the convergent, the refraction was hypermetropic in over 82 per cent. The vision in one eye was more or less amblyopic in all but 80 of the cases; one-fourth presented objective lesions, generally corneal. Of the cases of divergence, 75 per cent. were myopic, with unequal acuity in the two eyes in 56 per cent. Heredity and nervous affections were noted in a relatively high proportion.